PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should/be completed where

ppropriate. All further ndicated unless correcte naintenance fee notificat	ea below or alrected of	ng the Patent, advance on the herwise in Block 1, by (rders and notification of a) specifying a new corre	maintenance fees w spondence address;	vill be mailed to and/or (b) indi	the current cating a separ	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPOND	Fee par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must						
004372	7590 10/05	5/2006	OIP hav	e its own certificate	_		_	
SUITE 400	ΓΙCUT AVENUE, 1	N.W. PATEL	I he Sta add trar	Cer ereby certify that the tes Postal Service was ressed to the Mail asmitted to the USP	tificate of Mail is Fee(s) Transr vith sufficient po Stop ISSUE 1 TO (571) 273-28	ing or Transminittal is being ostage for first FEE address and the da	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.	
WASHINGTON	, DC 20036	\۵۰.	**/ [(Depositor's nam			(Depositor's name)	
		RADE	MARK OF THE		· · · · · · · · · · · · · · · · · · ·		(Signature)	
	,						(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/790,680	10/790,680 03/03/2004		Hua Wu		108910-00124		2305	
-			OCESSABLE TETRAFLU	OROETHYLENE (COPOLYMERS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL	FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	01/05/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS]				
HU, HE	NRY S	1713	528-480000				.•	
. Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati (2) the name of a sing registered attorney or	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member at registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2. For printing on the patent front page, list 1. ARENT FOX PLIC 2. 20000055 107700600 3. 1420.00 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2. 200 00 2				
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 03 FC:8001 30.CC OP							2001.00 0/	
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assigner assignment.	ee is identified	below, the do	cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
AUSIMONT S.P.A. Milano, Italy								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government								
a. The following fee(s) Issue Fee Publication Fee (N Advance Order - 1	to small entity discount	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. #456442 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2300 (enclose an extra copy of this form).						
	tus (from status indicate	•	_					
- -	s SMALL ENTITY state		☐ b. Applicant is no lor	nger claiming SMAI	LL ENTITY stat	us. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee an nterest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	ed from anyone other than confice.	the applicant; a regi	stered attorney of	or agent; or the	assignee or other party in	
Authorized Signature	Mony	Shownand	/)	Date <u>Nov</u>	ember 8,	2006		
Typed or printed nam	e Amy E.L. S	Schoenhard		Registration N	lo46,5	512		
ui addiicandii. Connden	Hality is governed by 5.3) U.S.C. 122 AND 37 C.F.K.	1 14 This collection is es	simated to take 17 r	miniitae ta camn	lata including	by the USPTO to process) g gathering, preparing, and the you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandra, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.